

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. 97657446	FILING DATE 8/5/04			
APPLICANT(S)											
8-5-04 CLAIMS							8/5/04				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52			X	X
3		1					53				1
4		1					54				1
5		1					55				1
6		1					56				1
7		1					57				1
8		1					58				1
9		1					59				1
10		1					60			1	
11		1					61				
12		1					62				
13		1					63				
14		2					64				
15		2					65				
16		2					66				
17		1					67				
18		1					68				
19		1					69				
20		1					70				
21		1					71				
22		1					72				
23		1					73				
24		1					74				
25		1					75				
26		1					76				
27		1					77				
28		1					78				
29		1					79				
30		1					80				
31		1					81				
32		1					82				
33		1					83				
34		1					84				
35		1					85				
36		1					86				
37		1					87				
38		1					88				
39		1					89				
40		2					90				
41		2					91				
42		1					92				
43		1					93				
44		1					94				
45		1					95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6		1				TOTAL IND.				
TOTAL DEP.	44		1				TOTAL DEP.			8	
TOTAL CLAIMS	50		2				TOTAL CLAIMS			9	

PTO-1360 (2-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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